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THE NATIONAL CONFERENCE: AN EDITORIAL

A significant step toward a more unified program of clinical pastoral training was taken on October 11 and 12, 1951, in Boston, when for the first time all groups interested in training programs throughout the country and in Canada were invited to participate in a National Conference on Clinical Pastoral Training. A move toward such a conference had been made the previous year when the Council for Clinical Training had celebrated its Silver Anniversary in Chicago, but the Boston meeting provided the first opportunity for all interested groups to share in a common program. The program itself attracted 174 persons including, among others, institutional chaplains, parish clergy, theological instructors and students, psychiatrists, psychologists, social workers, and psychiatric nurses. The work-shop type of seminar sessions provided opportunity on the first day for supervisors of clinical training and theological instructors to discuss common problems, and an open forum on the second day dealt with basic issues in counseling under the title "Moral Responsibility in Counseling and Psychotherapy." Several of the papers presented appear in this and successive issues of the *Journal of Pastoral Care*.

The sponsoring agencies for the conference were the Council for Clinical Training and the Institute of Pastoral Care, with Boston University School of Theology serving as host. It soon became apparent that many other groups are also vitally interested in the field of clinical training and are anxious to share ideas and experience and to explore the possibility of expanding training opportunities. Con-

siderable informal discussion was held concerning the desirability of providing for guidance in matters of common concern through some overall agency that might coordinate clinical training on a national scale. An outgrowth of these discussions is a conference proposed for the near future by the Department of Pastoral Services of the National Council of Churches for selected leaders in this work.

An additional emphasis of considerable interest was the recognition given by seminary leaders to the importance of clinical training programs within the framework of theological education. One of the most stimulating sessions was the program that included a panel discussion with participants representing theological faculties of six major theological schools: Andover-Newton Theological School, Boston University School of Theology, Episcopal Theological School, Trinity College (Toronto), Virginia Theological School, and Yale Divinity School. The principal speaker at this session was Prof. Reuel L. Howe of Virginia Theological School who stressed not only the potential contribution of clinical training to theological education and the ever-present dangers in the program but also placed new emphasis on the value of group interaction among students enrolled in training programs.

It was Dr. Howe's insistence that the chief resource of the clinical training program lies in the group. With this statement we are in hearty agreement. The most distinctive aspect of the clinical training program lies in the unexcelled opportunity for developing an intimate group experience which is so greatly needed and so seldom achieved. All too long the theological world has placed its reliance on academic presentations of a content-centered curriculum. In recent years, however, there has been a heartening development in the direction of exposing students to life-situations in clinical or parochial settings. There is now evidence of a growing emphasis on making possible a group experience as an essential part of preparation for an effective ministry. Wherever theological schools have introduced such opportunities into their courses of study and wherever clinical training courses have capitalized on the group itself, the students have been extravagant in their praise.

A greater appreciation of the group as a resource is in line with the thinking in many other disciplines of study and work. The psychiatric world, with its increasing stress on interpersonal relationships, has embraced group therapy as a means not only of reaching more people but indeed of reaching them more effectively than in an individual context. Group dynamics is becoming a popular subject for study in the field of education. In industry, increasing attention is being given to training in human relations. In some sections of the Christian Church enthusiasm for better use of group experience is becoming more vocal. The need felt by the contemporary church for an effective medium to aid men in finding "an alternative to

futility" has turned attention once again to the closely knit type of interacting group that has been so effective in the historic church for revitalizing the life of faith.

For students as well as for people at large it is not enough to provide intellectual understanding of personal problems and needs. The hostility of a cold and impersonal world makes a modification of behavior or attitudes extremely difficult and almost impossible. Until an accepting and appreciative environment can be provided the risk of dropping one's defenses and of entering into intimate interpersonal relationships is too great. Indeed, until such an atmosphere is created one finds it difficult even to recognize his own defenses, let alone be concerned about modifying them. Here, then, is a real opportunity for the clinical training.

The chief resource of clinical pastoral training programs, then, lies not in the experience on the wards, significant as they are, nor in the seminar sessions, stimulating though they may be; nor does it lie in the counseling relationship with the supervisor, important as that is. The chief resource lies in the group wherever the supervisor has faith enough in the group process to allow the group to do its own work. We share Dr. Howe's conviction that the new and challenging opportunity for clinical pastoral training lies in providing for the student an experience in interpersonal relationships which can make more relevant his entire theological education.

ROBERT C. LESLIE, Ph.D.

Chaplain, Boston State Hospital

THE CONVERGENCE OF PSYCHOTHERAPY AND RELIGION

ANDRAS ANGYAL, M.D.

Practicing Psychiatrist, Boston; formerly Director of Research, Worcester State Hospital.

I

Reflecting upon the relationship between religious doctrines and the viewpoint of modern psychotherapy, I am more and more impressed by the convergence of their orientations. These convergences are far more than superficial analogies and they go far beyond a mere compatibility of the two fields. Religion and psychotherapy converge not only in regard to peripheral matters, but are in agreement in regard to the essential and central issues in both fields. Such a close relationship between religious and psychotherapeutic thinking is not obvious at first sight. Therefore, I will attempt to arrange certain facts and ideas in such a way as to offer a vantage point from which this relationship can be better seen.

It will be useful to consider first the nature of those human ills for which the psychotherapist is expected to bring relief. The problems with which he is called upon to deal are not comparable to a local organic damage that can be repaired, nor to a localised growth in an otherwise well functioning body that can be surgically removed: they are phenomena of a more sweeping nature, such as neuroses, addictions, and psychoses. To call a condition such as a neurosis an "emotional disturbance," is an euphemism. *The neurosis is not a disturbance but a way of life.* True, it is a self-destructive way of life, but a way of life none the less. Were this not so, were the neurosis only a twist here and there on a basically healthy psychological organization, the great difficulty one has in overcoming it and the strong reluctance on the part of the sufferer in relinquishing it, would be incomprehensible. One would, on the contrary, expect that the healthy functional pattern would spontaneously eliminate or correct any incongruity. But a neurosis does not consist of a few incongruities, of a few symptoms. It is a way of life, an organization of purposes, attitudes, motivations. It is a life with its own pains and pleasures: anticipated pains that are feared with an unusual intensity; animosities that are pursued relentlessly; and promises of pleasures that are most tempting and compelling. This way of life tends to appro-

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priate all of the faculties and functions of the person: it tends to transform the person's thinking, as, for example, in rationalization; to create illusory feelings and wishes; and it may fashion even the bodily functions so as to express and serve the aims of the neurotic organization. The strength of the neurosis is due to the fact that it is not a mere collection of separated items, but is an *organization* with its own vitality.

The neurosis, however, can never completely obliterate the healthy structure of personality. The two organizations coexist in the same person as two warring parties. Let us now consider the characteristics of these two worlds within the same person, the characteristics of the healthy and unhealthy way of life.

The first important difference between them is that one of these two ways of life is *realistic,* is true to facts, while the other is *fictitious.* We have the distinctly human ability to affirm a state of affairs which either does not exist at all or exists in a very different form; that is, we have the ability to lie and to pretend. This destructive use of phantasy makes it possible for a person to move and live in a world of unrealities. This is a world of invented situations, populated with non-existing figures, with the ghosts of an ill-perceived past. In this world the person functions as a counterfeit image of himself.

The contrast to which we referred by the terms "real-unreal," or "true-deceptive," can be called also, from a somewhat different angle, *spontaneous* and *genuine* as against *compulsive* and *artificial.* Anything is genuine if it remains true to its native specificities. It is artificial if it is deliberately "made," fashioned for some extraneous purpose.

One can describe this contrast in still another way: any increase in real life is achieved by *growth,* the unfolding of one's nature; while any increase in an untrue life results from what the person himself artificially "puts on" or what is forced upon him from the outside. One method is to assimilate, make into one's own what the world offers; the other is to receive and incorporate it as a foreign body.

The most unfortunate consequence of the formation of the untrue world is that the real person gets snowed under and is almost suffocated. This is the danger to which Eric Fromm refers by the term "alienation from the self"; and to which Horney refers in her concept of the "real self" buried under the neurotic structure.

The second and most crucial contrast between these two worlds is that in the healthy world one "feels at home," as one who *belongs;* one experiences an intimate relatedness between oneself and the world, and particularly between oneself and other people. In the neurotic world one feels *alien,* isolated; one senses an unbridgeable gap between oneself and others. Religion, not being hampered by the self-imposed limitations of a scientific methodology, can speak boldly and clearly about these things. It says: "All men are brothers,

children of one God, branches of the same vine. Man, like a branch, is truly alive only while he abides in the vine, but withers and dies when separated from it. The source of all evil is the separatedness of the self from God." Although such a statement as this lies outside the realm of science, one can as a scientist make statements concerning these matters which show a close parallelism to the religious outlook. In earlier publications I have discussed in detail what seems to me to be a basic fact: namely that man has a strong need to participate, to share in larger wholes, such as family or society; that he feels himself a part, or longs to become a part, of a meaningful world order.

We said that the healthy and unhealthy worlds differ in that in the first the person feels as belonging to the world, and in the second as isolated from it. This difference stands out very clearly if one considers some of the common characteristics of the neurotic world. Every neurotic existence is a threatened existence. One feels surrounded by all sorts of dangers and hostile figures. These dangers are not the actual vicissitudes of life, nor are the hostile figures just ordinary people whose interests happen to conflict with ours; they are not our actual competitors or adversaries but belong entirely in a realm that perhaps could be best called "the mythology of neurosis." The "Enemy" in the mythology of the neurosis is a dark, irrational force, with whom no communication, no understanding, is possible. There is, of course, only one type of world in which there could exist an absolute separatedness between two beings, with no possibility of any bridge, any agreement *(Vereinbarung)* between them, namely a Chaos. The main attribute of the mythological Enemy can be reconstructed from the phantasies of the neurotic patient. It is utter and absolute alienness. This mythical conception is then projected upon certain people (e.g. people in authority) and becomes the basis of irrational attitudes toward them. It would seem to be an empirical fact that the ingredient of alienness must be added to either fear or anger in order to give these feelings the irrational quality and intensity characteristic of the neurosis. It is a proven fact that the more alien, the more different, from oneself is another person, the more brutally can one act toward him (for example, race hatred, hatred of the foreigner, etc.). It has been also proved that people out of their usual surroundings can become vandalistic and cruel, while at home the same behavior would be almost unthinkable. This I believe is due not only to the diminishing of fears and inhibitions, but largely to the alienness of the people and the surroundings.

In this world of neurotic mythology, in this chaos where no real belongingness, no bridge from one man to another is possible, the person experiences himself as completely isolated and alone. In his isolation he feels weak and inadequate in coping with the world. The feeling of inadequacy in turn increases the sense of isolation; the person retires behind a wall of defenses, absorbed in self-concern, and looks out upon the world with fear and anger. This constriction of

one's existence is that state of narrowness, "anxiety" (*Beengung*) from which the conscious feelings of anxiety emanate.

The most destructive aspect of this anxious isolation is the person's loss of freedom to love. For love presupposes that instead of anxiously standing watch over one's safety, one dares to come out of one's shell, get out of oneself, in order to share and participate in the life of others. It is in the nature of the human being that he finds fulfillment only in a broadened existence, when he belongs and participates in lives outside the confines of his individuality.

The characterization which we have given to the two coexistent organizations in human life, to the world of illness and the world of health, can be summed up in this manner: First, the world of health is grounded on reality, truthfulness, genuineness, and spontaneity; the other world is grounded on appearance, pretense, deception, and artificiality. Second, the world of health is based on the experience of belongingness in a meaningfully ordered universe while the other world is based on the presupposition of isolation in an absolutely alien chaos.

This distinction is fundamentally the same as the one implied in most religious conceptions. In the New Testament terminology such duality is most frequently referred to as the "world" and "the kingdom of heaven." There it is taught that one can in no way enter into "the kingdom" except by abandoning all pretenses and becoming genuine and spontaneous, "like a little child." All ills of man are considered as deriving from the isolating of himself from the meaningful world to which he belongs; or, as it is often expressed, from the "separating of himself from God." In this instance, the student of personality and the theologian speak of the very same thing, each in his own way: the one with caution and according to the rules of his empirical discipline, the other boldly and without qualification; the one in terms of "as ifs," the other assertively.

The processes with which the psychotherapist deals in his patients are founded on the dynamic interrelation that takes place between the two ways of life, between the two organizations which we have briefly characterized. All the so-called psychological mechanisms such as inhibition, repression, rationalization, etc., can be best understood as a struggle between the healthy and the unhealthy patterns, each trying to take complete possession of the person's life. Although the psychiatric use of the terms usually stresses the neurotic aspect of these mechanisms, all of them are, so to say, symmetrical or bilateral. For example, repression works in two ways: the healthy organization tends to repress the neurotic impulses and the neurotic organization tends to repress the healthy impulses of the person. Consequently, the one or the other organization usually prevails, which protects the person from an unbearable conflict. It is indeed a pitiful predicament to straddle the fence between the two ways of life. "No man can serve two masters": either he will yearningly love truthfulness in living and hate himself because of his life of deception; or else he will hold to a life of isolation and self-concern, and he will despise

any tender feeling in himself, and will be cynical toward any longing for a meaningful life.

It is beyond the scope of this presentation to discuss the whole field of psychodynamics in terms of interaction between the two ways of life. I wish to discuss briefly, however, at least one of the common neurotic mechanisms, in order to point out another close relation between the psychiatric and the religious outlook. I refer to the process whereby a part of the person's healthy structure is misappropriated by the neurotic pattern and is perverted to serve a destructive purpose. An example of the perversion of a healthy tendency is seen in the case of a person who actually possesses a great deal of warmth and kindness toward others, but who misuses it in a seductive fashion in order to exploit others. Another example is that of a person who has excellent talents that can be used in a healthy way, let us say, in the service of self-expression, but who misuses them in the interest of self-aggrandizement. This mechanism of perversion is particularly effective in its destructiveness because not only does it build an unhealthy pattern within the person, but it also robs him of his valuable assets and makes use of them for his own destruction. Jesus warned emphatically against the dangers of this perversion, when he admonished his disciples not to make a public show of their religious devotions and of their acts of charity like the hypocrites "who pray in the corners of the streets that they may be seen of men" and "disfigure their faces that they may appear unto men to fast," and who "sound a trumpet before (them)" when they distribute their alms "that they may have glory of man." And when he adds "Verily I say unto you 'They have their reward' " he gives the reason for his warning: Every instance of perversion (in the sense used here) benefits and consolidates the unhealthy pattern; while the good that one does "secretly" (i.e. protected from the danger of neurotic misuse) will be rewarded "openly" by fortifying the healthy organization within the person.

We frequently see in textbooks on general psychology rather amusing pictures which are technically called "ambiguous Gestalts." A black vase, for example, is seen on a white background; then suddenly, by an involuntary shift in perception, the self-same picture is seen as two white profiles on a black background. In this case the constituents of the same "field" are successively organized into two distinct patterns. Our description presents human life as such an "ambiguous Gestalt." I believe that this duality is a fundamental feature of personality organization. It might be called the "law of universal ambiguity." This means that, as in the case of the above mentioned ambiguous Gestalt, a given part may be seen as a particular curvature on a vase or else as the chin on a profile, thus also an action or any other item in a person's life has a peculiar duality of meaning; the meaning of each personal item is different according to whether one considers it as a part of the healthy or else of the unhealthy organization.

The phenomenon of ambiguity is very relevant to the topic of this presentation from two different points of view. First, it forms

the basis for discrepancy between the observers of this ambiguous state of affairs; and second, as can be readily seen, it is the very basis of self-misunderstanding, truly a central issue in psychotherapy.

As an example of discrepancy between observers we might take one close to the present topic and might state that in general the controversies between religion and psychiatry are based on a mutual misunderstanding, which is due to the ambiguity of the subject matter. There has in fact only recently occurred a great deal of controversy between psychiatrists and religionists on the subject of self-surrender. While according to religion a human being fulfills a high destiny in self-surrender, some psychiatrists consider it as a masochistic act of submission. Considering the ambiguity involved in personality, we must ask what kind of self is meant and to whom it is meant that this self be surrendered. Self-surrender in a religious sense means to give up one's isolation, one's separatedness, to find a new life in a world which is one's real home. Here what one surrenders is the neurotic way of life. This is the meaning of the gospel passage that "he who loses his life will gain it, and he who saves it will lose it." On the other hand "self-surrender" in the sense of submission means giving up of one's true self to the completely *alien,* hostile power that we have described as "the mythical Enemy." The same words have very different meanings, depending upon whether they refer to the one or to the other pattern in the two-fold organization of human life. In this sense it is not contradictory when passages both in the Old and the New Testament refer to man both with scorn and exaltation. The psalmist asks humbly "what is man, that thou art mindful of him?" and then adds exaltingly "Thou hast made him a little lower than the angels, and hast crowned him with glory and honor." Jesus calls men "evil"; but he also tells them that they are the "light of the world" and the "salt of the earth."

II

Up to this point I have presented rather general theoretical considerations. In this section we shall discuss the relation between the religious outlook and the psychotherapeutic orientation using examples of empirical observations made in the actual practice of psychotherapy. A consideration of certain important turning points regularly occurring during the process of the recovery of a patient, might well serve for a demonstration of the striking convergences between religious and psychotherapeutic phenomena.

It is a doctrine common to the Old and New Testament that the salvation of man from his moral ills must be preceded by an act of *repentance.* In the history of Christianity, Jesus was preceded by John the Baptist who admonished the people to "repent" and by repenting "make straight the way for the Lord."

The act of repentance implies several factors: first, it implies a recognition that one's conduct in some particulars, or one's entire way of life, is unsound; second, it implies an assumption of responsibility for that conduct; third, it implies a sincere regret. All this

culminates in the recognition of a complete bankruptcy of one's unwholesome way of life. This then leads to a feeling of humility.

In the case of a type of psychotherapy that does not stop at the relieving of symptoms alone, but aims at a profound reconstruction of personality ("Character-analysis"), the act of repentance – although psychotherapists usually do not refer to it by this name – is a necessary and crucial experience that the patient has sooner or later to make.

One might think that the first step in the act of repentance, the recognition of the unwholesomeness of one's conduct of life, is already accomplished in the fact that the patient seeks help. In reality this is, however, almost invariably not so. The patient seeks help from a psychotherapist, in the great majority of cases, because he suffers and wants to be relieved of this suffering. His intention as a rule, is not to *be* better, but simply to *feel* better. He wants to avoid the unhappy consequences without being willing to abandon entirely the attitudes and behavior which lead to such painful consequences. In a way, he wishes to learn how to sin without being punished for it. It is known, for example, that the dream of the typical pathological drinker is, not to abandon alcohol completely, but to become a "moderate drinker." This is, of course, impossible for him. What is true for the alcoholic is true for the neurotic also, though it may not appear as clearly on the surface. The insight into the destructive nature of one's mode of living, the recognition of this as the cause of one's sufferings and the acknowledgment that one cannot completely avoid the consequences without changing their causes, are not reached at the beginning of the therapeutic work. They are attained as a hard-won victory, the first real victory in the therapy.

The second important component in the act of repentance is a sincere regret for one's destructive conduct and an acceptance of responsibility for such conduct.

During the therapeutic work the patient learns a great deal about the factors that forced his life-course into unhealthy channels. He learns about the severity of the blows that he suffered at the hand of others and from the unfavorable circumtsances of his life. These insights, however, can be misused, perverted neurotically. They then serve as a resistance against getting well and against taking an active role in the re-ordering of one's life. The patient says then by implication, and often explicitly: "I am innocent; my parents are to be blamed; how can you expect me to help myself, others made me what I am, others should help me." Or specifically to the therapist: "I do my part. I am always on time for my sessions with you etc. – and *you* should do your part: get me well."

No more constructive than this shifting of responsibility to others is the wallowing in self-blame and self-derogation. In this case the patient says in effect: "I am no good, I am rotten to the core, there is just no hope for a person like me." This type of conscience does not involve assuming a real responsibility: rather it leads to a dodging both of one's responsibility and of the need to change. Taking respon-

sibility is very different both from searching for alibis and from an unrealistic and unproductive self-blame. To take responsibility means to recognize realistically the part one himself has played, and still is playing, in the self-destructive mode of living and to regret it sincerely.

The feeling of regret then may deepen to the point of despair, to the admission of a complete bankruptcy of one's mode of life. So strong is the adherence to the unhealthy way of life that one is neither capable nor willing to abandon it as long as there remains the least hope of succeeding without it. A sense of utter defeat, a realization of complete bankruptcy of one's unhealthy pattern is a prerequisite for a thoroughgoing psychological reconstruction. It is well known that the pathological drinker has to reach the depth of despair, or, as one frequently says, he has to "hit bottom" before he is sincerely willing to change. This is true not only of the alcoholic, but of the neurotic as well.

The experience of bankruptcy leads to what in a religious sense is called humility. True humility is, however, not a masochistic self-abasement; it is a recognition of the bankruptcy of the *neurotic* self, of the neurotic life of isolation, and not of the self as it is, when healthily integrated with its world. This is a humility that leads to what Paul called "the dying of the self," i.e. the dying of the self of neurotic segregation.

Humility has an important therapeutic function not only as a part of repentance; but beyond this, as the strongest protection against future relapses. Reading the history of the most devoted religious persons, one may at first feel that it is an exaggerated modesty on their part when they refer to themselves as base sinners; as in our times it may sound false when a member of the Alcoholics Anonymous, who has not touched a drop of alcohol for many years, still refers to himself as a "drunkard." Far from being insincere this self-evaluation is literally true and at the same time is the best protection against *relapses*. When an alcoholic proudly claims that he "licked the habit for good," one can be certain that the time is not far off when he will again be on a binge. The same thing is true for neurosis and for any other unhealthy way of life. In order to remain well, it is important that the patient recognize that recovery does not mean that the neurosis has been erased, but that it means that one has learned how to live in a wholesome manner. The potentiality for one's special way of malfunctioning remains, nevertheless, always with one and becomes immediately active as soon as one retreats into one's conceit, pride or self-centeredness, and asserts himself as a segregated self.

Repentance is of paramount importance as an admission of the futility of the unhealthy pattern; it fails, however, to show the way out. While the patient is completely enclosed within his neurotic existence he has no possibility of saving himself. His every effort will be futile. The neurosis is a closely knit organization, the source of the patient's wishes, fears, motivations; and every intention he has serves directly the unhealthy way of life or else is very quickly

perverted to this purpose. The patient's situation is circular as was that of the man who wanted to learn to like spinach but then thought: "If I would like spinach – I would eat lots and lots of it – but I hate the darn stuff."

One cannot lift oneself by one's bootstraps. To lift any burden one needs a fulcrum, a point outside of the object. The most important function of psychotherapy is to build for and with the patient such a fulcrum, such a point outside of his narrowed-in self, from which the burden of the neurosis can be lifted. To make clear the meaning of this statement let us briefly consider some of the means which the psychotherapist employs in the service of his patient.

The therapist holds, as it were, a mirror in front of the patient so he can see himself more clearly. In other words the therapist helps his patient to gain *insight*. There has been in psychiatric literature a great deal of controversy about the nature and curative value of insight (i.e. the discussions on emotional versus intellectual insight). I wish to call attention to one neglected aspect of the process of gaining insight, an aspect that has a major therapeutic significance. To gain insight means to look *inside* the functioning of one's unhealthy way of life. While one does this, one has an *outside* vantage point, one stands outside. I do not intend to make only a play on words. I wish to emphasize that one important curative aspect of gaining insight consists in seeing one's problems in perspective instead of being buried in them; and thus one makes, with each insight gained, a tiny contribution toward building that outside fulcrum by which, with time, the burden of an unhealthy life can be lifted.

Beyond being a mere interpreter, the therapist exercises a more important influence upon the progress of recovery through his attitude toward the patient, through the spirit in which his interpretations are given. The patient notices that the therapeutist does not blame him; he gradually notices also that the unpunitive attitude of the therapist is not based on a moral indifference. The therapist takes seriously the unwholesome attitudes and behavior of the patient, in some ways more seriously than the patient himself, because he perceives more clearly their destructiveness. In spite, however, of seeing the shortcomings of the patient in all their seriousness, the therapist continues to value his patient as a person and shows sincere respect toward him. The patient gradually becomes aware of the fact that the therapist sees in him, beyond all his shortcomings, a likeable and worthwhile human being. Thus the patient becomes aware that within his own self there is something else, something that is different and is outside of his neurotic way of life. He now has within himself a fulcrum that is outside of the neurotic enclosure.

I believe that what I have described in the last paragraph corresponds point by point to the religious concept of *forgiveness*. Obviously this basic concept means neither abstaining from retaliation, nor does it mean a superficial "let's forget about it," nor is it a meaningless statement that "no harm has been done." The true act of forgiving has a negative and a positive aspect, it implies a denial

and an assertion. The negative aspect consists in recognizing the unhealthy, ill-motivated behavior as such straightforwardly, yet not considering this behavior as indicative of what the person really is in his deepest self. This negative aspect is a forgiving in the sense of giving away, removing, unveiling, as if one puts aside a mask which is not organically a part of the person. The positive aspect of forgiving consists in revealing, in making apparent the real worth, the real nucleus of the person. In religious parlance one would express this by saying that in the act of forgiving one sees the person outwardly as a sinner and inwardly as a child of God.

The psychotherapist has his methods for the accomplishment of this twofold task of demasking and rehabilitation. The therapist's "forgiving" is not a single, dramatic act but a laborious translation, item by item. In the first part of this presentation we have said that because of the dual organization that exists within the person, every act of his is ambiguous, i.e., it can function as part of a sound or of an unsound way of life. Thus the therapeutic task consists in liberating the components of the person's life from their unsound context, in salvaging them, so to say, by a transfer into the sound organization. This act of "forgiving" is not like surgery, but much more like alchemy that turns "ashes into roses" and restores "the years that the locusts have eaten."

During the psychotherapeutic experience the patient has the opportunity not only to be forgiven but also to forgive. In the first part of therapy the patient has a misconception not only of what he himself is, but also of what the therapist is. Among many other things, the therapist may be seen as the threatening adult, the mythical Enemy, toward whom the patient has the unforgiving attitudes of fear and hatred. The therapeutic process is a difficult road, beset with many complexities, which the patient has to traverse until he reaches the point where he can forgive the therapist; the patient forgives the therapist by discarding the mask which he himself has placed on him and sees him for what he is, an understanding person who has respect for the patient and has an earnest and sincere desire to help him.

The patient's act of forgiving the therapist (and with that forgiving others as well) has a liberating effect on the patient. When he no longer feels surrounded by a hostile and alien world he can gradually discard his hates and fears, abandon his defensive and anxious self-enclosure and can learn what he really is beyond and outside of his neurotic entanglements. That is, he gains a foothold, a fulcrum, that lies outside of the vicious circle of an unhealthy way of life.

This fulcrum may be at the beginning as small as a mustard seed, but it can develop and branch out, becoming a strong and vital organization. There may come a time when the patient will value this fulcrum or foothold in health, as a "pearl of great price" for which he is willing to exchange his neurotic way of life, with all its fears and all its deceptive temptations.

The two phenomena that are crucial both for a religious and for a psychotherapeutic reconstruction of a person's life, repentance and forgiveness, were chosen by me from a variety of facts that are of concern to both religion and psychotherapy: many other phenomena would have served equally well to point out the areas of agreement. The convergence between the implications of the religious and of the modern psychotherapeutic outlook is based on their common conception of human life as a dual organization, which moves between the two poles of a meaningful integration of the person with the world as his real home, and of a dread isolation of the self amidst an alien and threatening chaos.

WHEN IS COUNSELING OR PSYCHOTHERAPY RELIGIOUS?

DAVID E. ROBERTS, Ph.D., D.D.

Marcellus Hartley Professor of the Philosophy of Religion, Union Theological Seminary, New York.

Several of the topics which have been discussed today involve semantic difficulties, and I am sure that we would get into a rather extensive tangle over definitions if I discussed precisely the topic that has been assigned for this evening, namely, "When are counseling and psychotherapy religious?" I doubt whether you would be interested in a series of definitions which strove merely for conceptual clarity. So I will spend just a moment or two on the topic exactly as worded, and then pass on to an aspect of the problem which seems to me to be of primary importance.

All of us would agree that there are ways of defining religion that throw no light upon what is really going on in a counseling process. If one defines the presence of religious factors in terms of some kind of church affiliation, or the use of given theological concepts of Biblical terminology, certain aspects of religious belief and practice can be isolated by such means. But obviously this throws no light on whether the kind of counseling that a religious person is carrying on is therapeutically sound, or sound in a fully Christian sense. The most dreadful invasions of human dignity and human rights can be carried on under the aegis of an official relationship within the Church, e.g., that of a pastor to his parishioner; and the theological language and concepts employed may be impeccable throughout; but it is bad counseling.

Similarly, if one tries to isolate what is meant by the unreligious or the irreligious or the secular, and even succeeds in doing so, that *may* throw a little light on whether the counseling carried on under such auspices was good or bad. As we all know, many therapists who regard themselves as atheists, and certainly are not Christian in any strict sense, nevertheless are able to incorporate into their relations with patients certain qualities which we in the Christian tradition would want to affirm. And we would want to say that the therapist, even though he rejects such language, is actually operating as a channel of healing love, the ultimate source of which is divine.

Therefore I should like to restate the issue in a fashion which gets at what is really crucial for our purposes. I wish to do this by means

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of a contrast that may not be more defensible than the contrasts I have just rejected. But at least it is useful to me, and I hope it will be to you. It is a contrast between a *manipulative orientation* and an *orientation of communion.* I do not want to represent this as an absolute either-or, however. Both methods may have something to contribute. The central question is whether the former is subordinated to the latter.

Let me illustrate the manipulative orientation, first from the side of psychiatry and then from the side of religion. The scientist and the medical doctor may have a natural concern to concentrate on what is objectively verifiable, on what is quantitative and measurable. This may lead him into the assumption (and the feelings that go with it) that his primary task is to learn the laws which operate through natural and human processes, so that by means of his knowledge he can direct and control these processes. Thus he can most dependably promote results which are gratifying in terms of a better adjustment to the community, or in terms of a greater sense of happiness and satisfaction in the life of an individual, or both. I see no danger in this attitude of mind as long as the kind of knowledge that is available to us through the natural and social sciences and through medical resources is regarded, so far as therapy is concerned, merely as an instrument, subordinated to the service of something else. That "something else" I have referred to as communion, and I'll come back to it in a moment.

Let us now look at the manipulative orientation from the religious side. It is quite possible to have a conception of God which in fact reflects a manipulative attitude toward the human race (including oneself), whether this fact gets verbalized theologically or not. God, as so conceived, overrides and abrogates freedom; and the man who believes in God in this way *wants* this to be the case. His religion is an "escape from freedom," and, I repeat, no matter how he verbalizes it. By various theological devices that some of us are familiar with, it is always possible to assert that one does not deny freedom and responsibility while nevertheless holding to an attitude toward God that is utterly incompatible with them. A pastor or any other religious person may take a manipulative attitude toward those who come to him for help, or indeed toward all those with whom he enters into interpersonal relations. Frequently, in such instances, the inner motivation is associated with a sense of rightness which stems from the claim that everything is being done in the name and for the sake of God. Since the religious person can point to an authority beyond himself, he feels that it is the power of God which is at work instead of his own human power-motives. Therefore his cause is righteous, and he manipulates other people with a clear conscience. I doubt whether this sort of playing God can be isolated and identified only in a direct person to person relationship, i.e., dynamically.

Thus far I have tried to illustrate two types of the manipulative approach. The first stems from objective scientific knowledge. The second stems from religious authority. I admit that both types can

be used in maintaining social order and moral standards. They can take forms less repellent than those I have cited. And they may even play, at times, an indispensable role so long as they are subordinate to communion.

The attitude of communion, as I want to characterize it, implies a sensitivity to the uniqueness, not only of each person, but of every aspect of being. The contrast between manipulation and communion is not strictly parallel to the contrast between things and persons; for it is meaningful to talk about communion with subhuman nature. "To him who in the love of nature holds communion with her visible forms, she speaks a various language." A horticulturist may approach a tree with the aim of identifying and classifying it; he may be interested in learning about it only for the sake of the results he can thereby produce. Contrast an artist's approach to the same tree where he is interested in the uniqueness, the peculiar *thisness* of the tree as an organic whole, and where any concern he may have about the painting he may produce is entirely subordinate to and derivative from the quality of his communion with the tree. Needless to say, these two approaches are not necessarily mutually exclusive. They may be combined in one person who is both a horticulturist and an artist; and each approach may enrich the other. But if the manipulative orientation is the only one employed, it is bound to miss certain salient aspects of the reality of the tree. When I speak of communion, I am not suggesting that the tree is animistically capable of reciprocating the artist's interest. But I do believe that everything we encounter in the world, from grains of sand to human beings, can be dealt with in either of the two ways I have been describing. The first attitude, if it is our only one, means that we look upon nature and human beings as objects to be controlled or directed by devising certain conditions. The second attitude makes it possible for us to regard every item and every level of existence as potentially a medium whereby we are made aware of our relationship to the ground of all being, with which we are in reciprocal communion. It makes a vast difference whether we regard grains of sand, trees and people as events in a process that is basically blind and heedless so far as values are concerned, or whether we regard all events as grounded in a reality with whom we can have personal commerce. My statement may seem abstract; yet it is essential to introduce it as part of our fundamental distinction. Only so are we able to pass on to a consideration of what is probably the basic point of disagreement within this group.

Before discussing this basic disagreement, however, let us examine some of the terms which have been used in preceding discussions. Let us contemplate these terms now in the light of the distinction between manipulation and communion. Take the word "morality." There are at least two ways of using this word. The first connotes a sort of pressure exerted upon the individual to conform, even at the cost of repressing resistances within himself. It means knuckling under to some pattern which is regarded as indispensable for the maintenance of social order. For some children and adolescents, I

am sure, it can even mean simply knuckling under to people who like to see you have to knuckle under. An enormous amount that goes by the name of "morality" has this sort of sadism behind it, and is motivated by a covert desire to put a straight-jacket upon human impulses. Both conformity to and rebellion against "morality" of this kind are frequently compulsive.

The second meaning of the word "morality" should somehow be recovered for a constructive use. It is encountered at a point where any psychiatrist or pastor who knows his business will take an attitude that helps an individual to verbalize, and to express by other means, whatever attitudes and feelings are operating in him. This counseling relationship has a "moral" aim. And the kind of permissiveness which enters into it, and is so often called "immoral," is an indispensable precondition to the fulfillment of this aim. What, then, is the sort of morality which is the goal of counseling? It goes hand-in-hand with the kind of character structure which can make value discriminations on the basis of adequate awareness of one's own depths. This is the only type of person with whom moral values are really safe anyway, namely, a person who can sustain spontaneously what through experience and suffering he has been led to affirm for himself and for others. He acts in a given way not because any tyrant, celestial or earthly, is going to punish him if he does otherwise, but because his action is the most adequate available expression of his own integrity. It springs from a hard-won unity of character that he does not want to violate, and that he does not have to strain not to violate. This is the kind of man you can trust. You can send him out into a community and he will be a creative ethical force because he has a living, growing approach to persons and to moral problems in his heart, instead of a set of rigid, abstract rules in his head.

This leads us to another word which has been mentioned frequently in our previous discussions, the word "conscience." Here we encounter a similar ambiguity, and the ambiguity once again reflects the contrast between manipulation and communion. Perhaps the point is clear enough if we simply draw a distinction between a condemning and an emancipating conscience. The way we are manipulated and coerced through condemnation which comes from others and from within the self is obvious. But perhaps what I mean by an emancipating conscience is not equally obvious. Primarily I have in mind the release of energy, hope and resolve which can occur when a counseling process, or any other circumstances which have resulted in a deepening of insight, make possible an understanding (not a condonation) of one's own failures. The emancipation comes at a point where one is able to draw up a realistic appraisal of what he can expect of himself, and finds that this may be the first step toward inaugurating a process of growth whereby many past failures need no longer be repeated. "Conscience" in this sense includes what Erich Fromm refers to as man's listening to his own voice; but I think it goes beyond that. It includes also the anticipation, the break-through, of what Karen Horney (in *Neurosis and Human Growth*) calls "the true self" as contrasted with "the empirical self." But from time immemorial men

have characterized this "voice," though speaking *in* us, as coming from beyond ourselves. And unless conscience can have in it this word of allurement, this word of promise, it becomes a source of deepening paralysis.

The words "responsibility" and "freedom" are closely related to those we have been considering. In connection with them I have only one thing to add. This involves a paradox. It is this. An individual begins to move toward increased responsibility and freedom at the point where he recognizes his bondage to involuntary and unconscious factors. In my own experience, a person gets light on his own compulsions only when he relinquishes the assumption that he possesses "free-will" as indeterminism defines it. This is closely related to what I have said about manipulation. For the theory of indeterminism assumes that there is some aspect or center of the self, way back inside, which is not touched by influences of bodily, psychological and social conditioning. It assumes that I always can turn myself this way or that if I just make up my mind to. The alcoholic provides an extreme illustration when he says, "I can always leave it alone if I really want to." And I suggest that it is not until an individual has "hit the bottom," not only in the alcoholic's sense of the word, but in connection with any neurotic pattern, so as to register deeply his full involvement in his own conditioning, that a change begins to take place. Sometimes the patient does a "double-take," and every counselor here has seen it happen. Finally he says "My God, I *am* trapped." He has been saying it before in dozens of ways, but he has never really meant it before. This is the point at which increase in responsibility begins because an increase in self-awareness has taken place. Notice that this is communion. It is communion with its own depths. And it is communion — completely honest confession — with another person. I would characterize the process as far as it goes forward primarily as one of "letting go." Alternatively, what I have in mind could be described as an ability to "take in" what comes to us from life and from our own depths, instead of trying to impose an insistent pattern of interpretation upon it or trying to hold our awareness within the limits of what we like to think of ourselves. At this point I do not care much whether you choose psychiatric or Christian language, although personally I see the implications of what I have described in a theological context. I see in such happenings the mysterious interweaving of grace and freedom, where God (or, if you prefer, "reality") outflanks our resistances without destroying our freedom. Indeed, instead of destroying our freedom, we may be led by such an experience to a higher level of freedom. But notice that we cannot do so without a realistic prior awareness of bondage.

The main thing I am sure of is that only "letting go" enables us to say "Yes" to our own suffering, our own finitude, our own past evildoing; enables us to say "Yes" to what our parents did to us before we were able to defend ourselves. And by this "Yes" we do not mean that what has happened was not harmful or tragic. But we do give expression to a deep, inner self-acceptance at the point where something can begin to work through us which had been blocked off

before. "Letting go" means, not "capitulation," but "pistis," "trust," in the New Testament sense.

The last term I am going to mention is "love." We have heard it said here that the primary obligation and responsibility of counselors, psychiatrists and pastors is to love the patient and the parishioner. Who could deny this? But here the contrast between manipulation and communion strikes home with full force. There is an aspect of love which always falls outside the confines of anything we can plan, control or pump up by an effort of will. We can obtain objective knowledge of the conditions that tend to foster or to inhibit the availability of love, whatever we mean by the term. (It is also very ambiguous; but I cannot take the time to go into distinctions between *Eros* and *Agape).* I do not want to deprecate what can thus be learned through objective knowledge. But I do want to differentiate as sharply as possible between having objective knowledge about it, and having it. And I want to differentiate between the determination to try like hell to be a good therapist or a good pastor, and being one. This seems to me to illustrate again, as we saw in connection with freedom and responsibility, that creativity is at least as much a gift as it is an autonomous accomplishment. Think once again of the artist. But think also of how you want to describe what happens when, in a counseling relationship, you stop viewing the other person in the light of what you have learned from books, classes or any other way. You stop viewing him as an external entity. He is by no means a conglomeration of functions which illustrate the principles of psychiatry or of pastoral care. No, you are face to face with the unique *thisness* of another person who is "over against" you, and yet with whom you are "one." In such a situation you find yourself (without conscious planning, although using every bit of previously acquired technical knowledge and skill) "in the groove" in terms of the interchange of feeling, rapport, understanding and insight. I submit that what occurs *between* the two persons is a gift; it is not something which either produces autonomously. This is why counseling is an art. The artist, when he feels that he is "getting it right" in a painting or a poem, knows that he is doing it, certainly; but he also knows that something is being done through him.

I cannot pursue the many theoretical issues which arise in connection with what I have said. And my interest in how religion and psychotherapy may be related does not take a primarily theoretical form. For I am convinced that the ominous problems which our age confronts must take precedence over polite discussion of the relationship between disciplines. Our job is to find some working unanimity of motivation so that we can implement what we already have, even though we may never fully understand it. The creativity and freedom we all talk about are so acutely threatened that we must avail ourselves of every human resource in resisting and trying to break through the patterns which are very rapidly choking us.

The history of religion can throw light upon our present situation. Most people in past ages lived at the level of "the letter" and "the

law." They got along reasonably well at that level because they were living in cultures which possessed some measure of organic unity, usually furnished by religion. The prophet, the mystic, and the Savior threaten such collective stabilities, and institutionalized religion has never known quite what to do with these figures; but it has found ways of draining off some of the dangerous energy until a new sort of stability could be established. The great pioneers of religion have been disruptive figures from the standpoint of social order, because they have always pressed for integration at a higher level.

Part of our present dilemma, so far as it is religious, stems from the fact that most human beings now have to encounter their own depths without environing support, guidance and cushioning of social stabilities and institutional religion which can be taken for granted. They have to face the pressure to integrate at a higher level; but they do not possess the lonely strength of the prophet, the mystic, the Savior. This is one of the reasons why, on a mass scale, people are asking (whether they put it into words or not) whether there is any essential meaning to life. They know that life can have provisional, transitory meanings, many of which are very precious and eminently worth working for. But this awareness of provisional meaning does not silence the haunting query about ultimate meaning. If, broadly speaking, the past has found various ways of fusing cultural and eternal meanings together into a sort of workable compromise, our age has seen these two split apart; and since the eternal meaning has vanished, the cultural meanings have lost their core.

This brings us, finally, to the major dispute between members of this audience. For our present situation poses in a radical fashion the question as to whether God is real. This is not a question which can be answered by means of slick formulae. That is why I said earlier that the use of theological concepts guarantees little concerning the inner quality of a counseling relationship — or a religious relationship, for that matter. It may give some people a feeling of comfort when they hear the word. "That man is saying 'God', so his ideas must be all right." It may give other people a feeling of hostility and suspicion. Neither reaction is of essential significance. We get at the real issue only when we find out what is being resisted or accepted. (When I examine what Erich Fromm is rejecting when he uses the word "God", I want to reject it too. Who would not be against this nasty old tyrant who, like the most threatening forms of social oppression, is always trying to demand blind obedience? It is quite right to reject *this* meaning of the word "God.")

But when contemporary man, in the midst of a situation where religious stabilities are largely shattered, asks in a radical way whether his life is "meaningful", he is asking the question about God, regardless of the words he uses. We know that some men are driven, in their search for security, into forms of authoritarianism which engulf them as marionettes. But wherever men have not completely relinquished their own capacity to grow and to fight their way through to an answer to the mystery of life's meaning, they must take the load of insecurity onto themselves.

Neither psychotherapy nor religion can meet the deepest levels of their need if the former can offer only a rootless autonomy and the latter can offer only an individualistic faith. As I read the literature even of the most progressive psychotherapists today, I am impressed by the fact that, as one might expect, they too reflect the sickness of our age. The best they have to offer is a rootless autonomy. For example, they are compelled, by reason of intellectual integrity, to conceive of faith, love conscience and freedom as projections into a cosmic void. Man is a freak; his distinctive endowments are accidents of emergent evolution; and the only thing we can do is to strive to build co-operatively an order of life on which *we* bestow the meaning. There is no superhuman ground of meeting. Therefore man's dignity does not rest upon something *given* (a gift of creation and grace) which provides the context for our efforts and our accomplishments and our relative moral notions. In short, there is no value higher than man for him to worship. Now I do not believe that such an outlook always takes ignoble forms. It can be defiant and grandiose (or even complacent); but at its best it issues in a tragic stoicism. If this be the only honest answer, it is a noble one. But I would contrast it with a Christian orientation where these same qualities of love, faith, conscience and freedom are known, at least as potentialities, in our own lives. They are distinctly human characteristics, ours to embody through self-affirmation. But this is possible only because we live in a universe where reciprocal relations are possible between man and the ground of meaning. The orientation which I have described as "communion" *can* be carried forward apart from any conscious faith in God; but when this is the case, it lacks the setting which makes of communion the ultimate clue to the reality of nature, and personality, and history, and culture. It lacks the setting wherein human creativity and inner transformation are a response, not merely to "oneself," but to a call, an offer, and a sacrificial gift. It lacks the setting whereby, when we break through the relative and often tyrannical patterns of our environing society, we are enabled to enter into a *community* which signifies "integration at a higher level."

THE SELECTION OF CANDIDATES FOR THE MINISTRY

ROBERT W. WOODROOFE, JR.

Rector of Grace Church, Newton, Massachusetts

One of the practical services psychology can render is the perfecting of a technique to match variously endowed individuals with the many different kinds of work that need to be done in the world. When work on this problem began many years ago, it started from the standpoint of the individual and his self-fulfillment. Tests were devised to discover a person's particular temperament and skill, so that certain broad groupings of occupations could be prescribed in which these endowments would have their fullest expression. This approach is called "Vocational Guidance." It is now widely practiced in schools and welfare agencies, and its value is seldom questioned.

More recently another approach has been made to this general problem – this time by prospective employers. Large corporations and institutions, wanting to protect and further their own business interests, have employed psychologists to develop a screening process by which job applicants might be sifted. Here the main stress has been on job analysis and the requirements for success in specific assignments. The common method of procedure is to study a selected group of men, who have already proven themselves to be successful in a given occupation, and to find out what traits and what skills they have in common. It is then assumed that these common factors are the requisites of success. This approach, in contrast to Vocational Guidance, is usually called "Occupational Fitness."

Some of us may have a few doubts as to the precision with which a person's capabilities can be measured and forecast; but most of us, I assume, are fairly confident that they can be approximated to a degree that makes such testing worthwhile. At least it seems reasonable for secular occupations. But when this procedure is suggested to select candidates for the Christian ministry, all sorts of reservations and objections are likely to enter our minds. Even among the most Protestant-minded, who claim not to differentiate between the sanctity of the ministry and other socially useful occupations, a little aura of mystery and holiness surrounds the clerical profession which makes us hesitant to put it under the control of a scientific procedure. It is the purpose of this paper to examine and evaluate some of these doubts.

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Of course, the first question this problem raises is one which should not trouble us for long. It is this: can there be any sort of dissuasion or selection among men who feel they have been called by God to minister in his Church? Can the validity of such a call ever be tested or challenged or denied? No, this is far too subjective a matter for measurement, or even for self-assurance; and so the Church has wisely decided to by-pass this question. No one knows better than the Church the human capacity for self-deception, and the ease with which we attach idealistic interpretations to our lower motives. The only answer the Church officially requires of the applicant in this foggy realm is a very vague one in the Ordination service. "Do you trust that you are inwardly moved by the Holy Ghost to take upon you this Office and Ministration . . . ?" "I trust so."

In spite of its inability to cope more definitely and directly with the question of "a call from God," however that may be interpreted, the Church assumes that some men choose the ministry for unworthy motives or without proper qualifications; otherwise it would not have authorized the preliminary investigation of Postulants called for in the Canons, nor included an interrogation in the Ordination service. In a real sense this *is* a screening process, no less than the tests of the psychologists, but instead of being based on norms and data derived from clinical experimentation, it depends upon the judgment of rectors, vestries and bishops, and upon the insight and honesty of the candidate himself. There is no need of pointing out the many possibilities of error in the Church's system. Vestries, as often as not, know little about the candidate from their parish, and follow the rector's judgment. The rector himself, unless he is a very strong and tactful person, may find that his pastoral relationship with the candidate and the candidate's family takes the sharp edge off his judgment. And last of all, the bishop may be so hard-pressed to fill vacant parishes, or taken in by "the numbers racket," that he is inclined to accept every prospect that comes his way.

Under the Canons, the most critical stage in examining a man's suitability for Holy Orders appears to be in the hands of the Pastor, who is supposed to make "a thorough inquiry into the physical, mental, moral and spiritual qualifications of the applicant." That is rather a large order, especially so since the qualifications in each category are not defined. As it is commonly interpreted it means the following: that on the physical level the man must be free of any disability or illness that might in the future make him a financial liability to the Church; that on the mental level he must have no obvious aberration, and possess sufficient academic skill to satisfy the seminary and the examining chaplains. On the moral and spiritual plane we are even less sure of what to look for. Is it the absence of "notable crime" mentioned in the Ordination service? Is it the general inoffensiveness of the applicant? Or is it usually the question of whether he was a faithful member of our Y.P.F. and comes from a good family?

Those who object to the setting up of an Occupational Fitness type of examination, for fear of interfering with the operation of the Holy

Spirit, should be reminded that a screening process is *now* used under the law of the Church; and that far more spiritual damage is done by this easy-going, standard-lacking method, than by the careful, impersonal work of the trained psychologist. The fact that the Church has tried to keep the examining process in religious language and in its own hands, is no protection against prejudice and unqualified judgment.

Another reason why Church people resist the intrusion of the psychologist into this problem, is that certain accepted principles of psychology which would be brought into play are considered antagonistic to Christian principles. In this case it is the question of how much determinism or flexibility there is in human life. The work of Vocational Guidance and Occupational Fitness is based on the assumption that a man's career can be predicted from past and present conditions. If, for example, a person shows a history of poor relationships with his family and friends, and reveals a lot of hostility in his make-up, the psychologist would not hesitate to say that this person will not succeed in any work involving wide human contact. Or a person who is now rigid in his opinions and in his thinking, would be considered unsuitable for all time to come for any work which is creative. On this score the psychologist is bold enough to close the door — but not the average Churchman. In the Churchman's mind change and reformation of character are always possible. Free will and the redemptive work of God offer to anyone the chance of a better future. "All things are possible to him that believeth." So the Churchman doesn't like to close the door on the grounds of a man's past or present.

On this particular issue — how much determinism, if any, may be reconciled with Christian thought — a lot of fresh thinking needs to be done. While most schools of psychology have veered away slightly from *absolute* determinism, they still are gathering an increasing body of evidence that points to the lasting effects of early environment and heredity. Perhaps the most astonishing recent discovery is the clinical data on physical types that seems to indicate that a person's temperament, interests and capabilities are directly related to the shape and structure of his body.

Last Spring, when I was talking to a psychologist, I spoke to him of the difficulty of squaring the redemptive possibilities in Christian thought with the rigid limitations he recognized in his business. When I mentioned the word "redemption," he said quite bluntly, "I don't know what you mean by that." I gave him an off-the-cuff definition, which was a combination of Emil Brunner and Edward Staples Drown and my own experience with a reformed alcoholic, and which I shall not repeat before the learned doctors assembled here. The psychologist replied, "I don't think that's very different from what we psychologists work towards. We try to help people to accept what they've been given, so they can put it to good use."

Our fear of closing the door on an applicant for the Ministry may be due, not only to our hope for his future change and growth, but

also to an excessive emphasis on the Ministry as the most desirable and most important Christian vocation. Perhaps the present shortage of clergy has led us to exaggerate the wonders of the profession for the purpose of selling it; or do we actually assume that we as ministers are doing more for the Kingdom of God than doctors and teachers and mothers and fathers who in their own spheres are doing God's work? If there are other ways of serving God, why should we think it such a tragedy when some boy ought to be told that he is unsuited for the Ministry?

Another question that needs to be raised is whether we *really know* what characteristics make a man effective in the Ministry. I suppose we assume that the desirable traits are all the Christian virtues – love, joy, peace, long-suffering, gentleness, goodness, faith and the rest – plus intellectual soundness and the mastery of professional skills; and that the greater measure of these items a man has, the more successful he will be in his work. It is quite possible that this is not so. One would think offhand that *any* job could be done best by one who possesses all the qualities that are generally admired. It has been found, however, in several occupations, where a careful job analysis has been made, that the ingredients of success are not always admirable characteristics. For example, when the W. T. Grant Company financed a study of a store manager's job, it was found that the best managers are those with very narrow interests, whose whole world is within the four walls of the store; who care more about the assortment of stock at the notion counter than about the Korean truce talks; and who are more troubled by careless package wrapping than by the problems of the local PTA. Certainly the role of the store manager is a useful one in our society, but it appears that small-gauge personalities are best fitted for this kind of work.

What assurance have we then, since the matter has never been investigated, that the most effective Christian ministers, in terms of spreading the Gospel, are those who have the fullest complement of Christian virtues and the keenest intellectual apparatus? Is it not possible that the most persuasive preachers are those with temperamental, egotistical personalities; that the most helpful pastors are those who have struggled with some moral or spiritual problem of their own; and that the best teachers are those whose intellectual powers have not led them away from the popular mind into the abstractions of clerical culture? Is it not at all unthinkable that God may use cracked and imperfect vessels, or even use the enemy for his own purposes as he once used Assyria? We shall never know the answers to these questions until we set aside our preconceptions regarding the Ministry and make an open-minded study of its requirements in real life.

In concluding this paper, may I mention some pioneer, experimental work along this line that has been done here in our own Diocese. Three years ago, with the cooperation of the Grant Study at Harvard University, the Bishop asked that a thorough interview be given some 22 Postulants and candidates from Massachusetts, for the purpose of finding a more reliable screening procedure. The

unique aspect of this project was the comprehensive nature of the examination. Each applicant who was tested was examined by a doctor, not only for physical and nervous disorders, but also for classification as to body type and the recording of any physical disproportions. A psychologist then gave the man a series of tests to measure his intelligence and creative imagination. After that, a cultural anthropologist talked to the man about his social and economic background. And last of all a clergyman interviewed him to find out, at least on the conscious level, what experiences and motives and hopes had led him to choose the Ministry as an occupation.

Before all the data were assembled, the staff of interviewers had to decide upon a set of arbitrary, provisional standards by which to predict the success or failure of each man in the parochial Ministry. This was not easy to do; but since nothing hung on the outcome of the project, except the testing of the standards themselves, a tentative list was compiled. (It is worth noting here that the three Grant Study interviewers had had extensive experience in research on Occupational Fitness, and that the knowledge they had gained in their study of other kinds of work helped them to estimate the requirements of the Ministry. It should also be said that two of the three lay interviewers were active, well-informed Churchmen, and that they were acquainted with the different aspects of a clergyman's work.)

The provisional standards agreed upon included the following. Factors making for success are: medium to high masculine component, normal body proportions, composure and self-assurance, flexibility of manner and mind, normal to high creative imagination and intelligence, broad interests and broad background of experience, history of satisfactory inter-personal relationships, a liking for people as they are, a zeal inspired by the love of people and not the desire to reform them, personal ambitions that are well-formulated and in line with the Church's primary purpose. This is not the full list, but a typical sampling. The factors making for failure, of course, were the reverse of these.

According to *this* set of standards the 22 subjects were rated. The results are of no particular value now, but the Grant Study intends to check up on these 22 men, five, ten and twenty years hence, to see how its predictions work out.

Another experimental project in this Diocese was the examination by a psychologist of 25 clergymen who have been in the Ministry for ten years or more. This testing was done with no presuppositions whatsoever – merely to find out the distribution of personality traits and to relate them, perhaps, to the type of Ministry these men are exercising. I do not know the results of this project, but I do know that it was expected to show the wide variety of traits that are useful in the clerical profession and how they appear in different combinations. I wonder, however, how this information can yield any practical data for screening procedures until we wrestle some more with the ultimate question – what does it mean to be effective in the Ministry, and who, in the true sense of the word, is a successful minister?

I am not unaware of the shortcomings of psychological disunity in the field, dogmatisms here and uncertainties there, full of fads, not entirely worthy of its claim to be a science. Clergymen, for the most part, know its limitations, and there is no danger that they will let it usurp their own functions. Yet in this matter of selecting suitable candidates for the Ministry, psychology might have a lot of useful things to suggest, if the Church could only overcome its own hesitancy and suspicion, and give the psychologists more of an opportunity to help.

MENTAL HEALTH FILMS FOR USE IN CHURCHES

MAURICE C. CLARK

Chaplain Supervisor, Columbus State Hospital, Columbus, Ohio

Introduction

During the past few years a number of good films in the field of mental hygiene have appeared. Many of them could be used profitably in local churches if the pastors were to make the effort to locate distributors. Frequently State Divisions of Mental Hygiene have films available which may be used throughout the state, the only cost involved being the transportation charges. The Federal Security Agency has selected films available in their regional offices. The National Association for Mental Health and local mental hygiene societies frequently are in a position to assist the pastor in finding good films for church use.

The most complete and objective listing of mental health films may be found in a catalog entitled "Motion Pictures for Mental Health Programs." It is published and produced by the Health Publication Institute, Inc., 216 North Dawson Street, Raleigh, N. C., and costs fifty cents per copy.

There are mental health films available that could be used with every age group in the local church. There are some films appropriate for presentation to church school children; others produced primarily for use with junior and senior high school students; others of particular interest to older unmarried young people; and there are many films of vital interest to married couples and parents of small children. There are also a few somewhat technical films on the principles of mental health and there is at least one film dealing with the problems of the aged which might be used in adult study groups. In the discussion following all films referred to are 16 mm., black and white with sound, unless otherwise specified.

Church School

If a church feels a responsibility for the sex education of its children, there are three excellent films aimed at three different age levels. One is a color film (22 min.) produced by the Eddie Albert Productions in cooperation with Dr. Lester Beck of the University of Oregon, entitled "Human Beginnings." It is made with a cast of six-year-olds and can be used with children six years of age and up. In the film one of the children announces in class that a new baby is expected

in her home. At the suggestion of the teacher the youngsters express their feelings through working with clay, crayons and finger paints. The second part of the film shows how one family prepares wisely for the advent of a new baby. This might be shown in church schools as a basis for discussion with the primary department children themselves. (This is a delightful film and has much spontaneity and human interest.)

Eddie Albert Productions have another color film (19 min.) entitled "Human Growth" in which a mixed group of 7th graders in a class situation view and discuss an animated film on the growth of the human being from conception to adulthood. This too might be used in the church school with 7th grade students.

The McGraw-Hill Health Education Series has another good film in this field entitled "Human Reproduction" (20 min.). It is suggested for use with high school and college age people. Drawings and models are used to describe the reproductive systems of both male and female.

The pastor who uses any of these films will want to preview them and prepare some additional comments regarding the integration of Christian philosophy with these well presented factual films. He may also want a physician to answer questions and comment on the film when it is presented.

Junior High School Young People

For young people's groups one very good film that might comfortably be used is "Shy Guy" (12 min.), produced by the Coronet Instructional Films in collaboration with Dr. Alice M. Sowers, Director of the Family Life Institute at the University of Oklahoma. This is a story of a shy adolescent and his difficulties in relating to fellow students when the family moves to a new town and he has to attend a different school. The film is one that makes some very helpful and practical suggestions for adolescents.

Senior High School Young People

The McGraw-Hill Book Company, Inc. has a series of marriage films correlated with Bowman's *Marriage for Moderns.* Two of these films would be particularly useful in senior youth groups; one is, "It Takes All Kinds" (20 min.). This film shows a series of young people all reacting to the same tense situation, during which each reveals his basic characteristics. The executive type directs, the helpless type becomes more anxious and dependent, the worrier becomes dramatic and excited and the competent one makes the best of the situation. The film makes the point that successful marriage depends upon knowing the character of one's mate and accepting the mate the way he or she is.

The second McGraw-Hill marriage film which will be of interest to young people is entitled: "Choosing For Happiness" (14 min.).

In this, Eve reviews the possible mates she has met in college; the football hero, the intellectual, the individualist and the introvert. This film also makes the point that one must comprehend something about human personality and, in addition, have some objective evaluation of one's self as a basis for intelligently choosing possible mates.

Young Adults

The other films in this series produced by McGraw-Hill might better be used for older young people who have recently married or are seriously considering matrimony. These films are entitled: "This Charming Couple" (19 min.), "Marriage Today" (22 min.), and "Who's Boss?" (16 min.). They differ from the others in the McGraw-Hill marriage series mentioned above in that these are about married couples; some of the marriages are successful and some are not. The factors contributing to a happy or unhappy marriage are well brought out in these films.

Married Couples and Parent Groups

There is also a wealth of films that will be extremely helpful to married couples, new parents and parents of very small children. One such film is entitled "Know Your Baby" (10 min.—color) and is produced by the National Film Board of Canada. One sees here the importance to the infant's mental health of such simple things as proper clothing, bedding, bathing and burping.

Encyclopaedia Britannica Films, Inc., has several films on personality development which might be used by the church. These are entitled: "Baby Meets His Parents" (10 min.), "Helping the Child to Face the Don'ts" (10 min.), and "Helping the Child to Accept the Do's" (10 min.). This reviewer questions certain portions of "Helping the Child to Accept the Do's," particularly those sections which stress the importance of saddling the child with masculine and feminine "do's" depending upon the child's sex. It would seem that the child will naturally absorb from his environment those activities socially acceptable for the male and female without the authoritative edict of "This Thou Shalt Do." These three 10-minute films are combined into one film entitled "Emergence of Personality," so that they can be shown together if one wants to do so.

The most helpful film that this reviewer has seen regarding child development is "Problem Child" (27 min.), produced by the American Academy of Pediatrics and made possible by a grant from the Pet Milk Company. The parents of Sandra, age 2, become alarmed about the child as a result of Sandra's great-aunt referring to the child as "a problem child." Sandra is taken to a pediatrician who, after reviewing her first two years, discusses with the parents something of the psychology of growth pointing out to them what parents might normally expect from a child as he grows from birth to two years. The film emphasizes the importance to the child of his feeling secure, accepted, useful and free to grow according to his own pattern.

Other films in this area that might be used in church groups are "Preface to a Life" (29 min.), produced by Sun Dial Films, Inc., a somewhat confusing presentation which nonetheless is a very good film; "Your Children and You" (30 min.), produced by the British Ministry of Information, and "A Start in Life" (22 min.), also produced by the British Ministry of Information. Another film in this same category entitled "Why Tommy Won't Eat" (19 min.) was produced by the National Film Board of Canada and is sure to be very meaningful to many parents. This film traces a child's eating habits back to their formation in early babyhood. Many of the problems over food are found to be largely due to the attitude of the parents.

Adult Study Group

There are a number of films that might profitably be used if any church group wants to make a fairly thorough study of mental health. One such film is "City of the Sick" (20 min.) produced by the Ohio Division of Mental Hygiene in cooperation with Columbus and Tiffin State Hospitals. This is the only recent film dealing with mental hospital procedures. It is a simple story of a new attendant and his reactions to work in a state hospital. It was made in a real hospital and all the ward and activity scenes were taken as they occurred in normal hospital routine.

Widely recognized as among the best mental health films are those produced by the National Film Board of Canada for the Canadian Department of National Health and Welfare. These are all excellent films on mental mechanisms. Best use of these may be made if the church group can engage a psychiatrist as commentator and discussion leader. The titles in this series are: "The Feeling of Rejection" (23 min.), "The Feeling of Hostility" (27 min.), "Overdependency" (32 min.), and the most recent "Feeling of Depression" (32 min.).

A very interesting film in this group is one called "Palmour Street" (27 min.) produced by the Health Publication Institute. The negroes cast in this film actually live on Palmour Street in Gainesville, Georgia. Rather than dealing with the "negro problem" as such, the film presents problems common in the daily lives of families everywhere. The only point that could be construed as an interracial point (and one that is well worth making) is that problems in mental hygiene must be met by everyone regardless of skin color.

The Aged

Those churches which are concerned regarding the older people of the community will be interested in "Steps of Age" (30 min.), produced for the Mental Health Film Board, Inc., by Film Documents, Inc. This film will both help older people to better understand the problems they face and increase the understanding of people who have not yet had to face the problems of retirement.

Conclusion

The pastor who wants to make use of the many good films available should purchase a copy of the bulletin "Motion Pictures for Mental Health Programs" mentioned earlier. This publication includes a list of agencies designated as state mental health authorities and lists the names and addresses of sources from which all of the above-mentioned films may be obtained.

There are many films that could be profitably used in church education programs. We have mentioned only a few of them. The pastor need not be an expert in the field to make use of most of these. Undoubtedly the clinically trained pastor will have some advantage over the untrained pastor. If a minister does not feel qualified to use some of these films in his church programs he could easily find someone in his community to act as commentator and discussion leader. State mental health authorities can make helpful suggestions or one might turn to the state hospital or local mental hygiene societies for such help.

It should be remembered that films are most profitably used as aids in a teaching program. They are to be used in connection with a fuller curriculum which might include outside speakers and group discussions. The pastor would be missing a lot if he were to show a series of films without providing an opportunity for lengthy, free discussion by the group.

THERAPY IS FOR ALL

DUGALD S. ARBUCKLE, Ph.D.

Director, Student Personnel and Associate Professor of Education, Boston University

A question that has arisen on the pages of this journal deals with the extent to which client-centered therapy can be Christian. While many feel that the process of client-centered therapy has much in common with the practice of Christianity, there are also those who feel that it is impossible to reconcile the two, since in order to be Christian, therapy must be God-centered, and client-centered therapy is self-centered rather than God-centered.

The first problem in any consideration of this issue is the matter of an identification of God. If God is the God of the Old Testament, the God of vengeance, then it is true that it is difficult to see how client-centered therapy could be God-centered, although it could still be client-centered. Certainly this God of old was one who tossed his thunderbolts about with abandon, one who seemingly tried to force and frighten his people into being good, one who usually saw the evil in man, and one who, in refusing to accept man, made it impossible for that man to develop the good to the point where it would overshadow the bad. A later version of God, however, was of a God of love, an understanding and accepted God, a God whose Son said ". . . forgive them, for they know not what they do . . . ." Which God do we mean when we refer to God-centered therapy? If our God is judgmental, vengeful, and intolerant, then client-centered therapy cannot be God-centered, whether we be Christian, Jew, or Mohammedan. If, on the other hand, our God is loving, tolerant, and serene, then it may be that in some way a part of Him may enter into us so that the need for our egoism will gradually disappear. In its place will come a true concern for the welfare of others. A person who has undergone such an experience does not become a fearful Christian who is being frightened into heaven, but rather a healthy as well as a good man. He is a tolerant Christian who believes that goodness is not limited to Christians alone.

The student-centered approach in education does not mean yielding to the child's will, but it does mean that the teacher is sensible enough to recognize the child's needs. He recognizes that the needs are there, and he understands the futility of repression. The child-centered teacher recognizes essential values far more honestly than does the traditional teacher, but he is understanding enough to see

the pointlessness of teaching or preaching about values to a disturbed child. The honesty that is taught by a dishonest teacher or parent can only breed dishonesty and cynicism; the honesty that is *lived* by a teacher or a parent will be rich and meaningful and tangible.

Being non-moralistic in the counseling process does not mean that one is not concerned with moral values; being non-disciplinary does not mean that one does not believe in self-discipline; being acceptant does not mean that one must believe what he accepts. But the evidence does tend to show that we do not improve the state of one's morals by preaching; that we do not create better citizens by savage punishments; that we do replace the evil in one's mind by refusing to accept it.

The egoism of the neurotic mind is caused by, and very often is an aggressive defense against, real pressures. In a counseling session such a person is, sometimes for the first time in his life, in a situation where there is no need for the hostility and the aggression. The very acceptance of his egoism diminishes his need to be self-centered. We do not come to have concern for others by having others show no concern for us. The acceptance of the negative feelings and the honest attempt of the therapist to get at the internal frame of reference, so that he may go along with, and to some extent at least, feel with the client – this is surely Christian living as much as it is client-centered therapy. So too is the acceptance of our brother as he is, with our goal being the greater development of his capacity for the good, rather than his conversion to our way of thinking and living.

As soon as one refers to God-centered therapy we get into the realm of interpretation and conjecture. Exactly what "surrendering one's will to God" means depends on the individual. It is doubtful if there would be agreement among theologians about this, let alone among all those who call themselves Christians, Jews, or Mohammedans. For some people "surrender to God's will" and "yielding to the infinite" would mean no more than surrender to a group of humans who say that they have been chosen to represent God, or surrender to one's own selfish desires, or even complete withdrawal into a vague, shadowy world of unreality.

The following points might be worth some consideration in any discussion of the extent to which client-centered therapy can be God-centered therapy, and the extent to which it *should* be God-centered therapy:

1. There is a world of difference between "client-centered" and "self-centered." The client-centered approach is the approach of the counselor to the client. The attitude of the counselor is the attitude of one who has achieved an inner status such that there is no longer a driving need to be concerned only with the self. The empathic relationship which exists between client and counselor may help the client to see his own self-centered attitude, and to come to develop for himself the selfless attitudes of the counselor.

While the neurotic individual will almost certainly be self-centered, he does not become less self-centered by having his defects pointed

out to him. A goal of client-therapy is the achievement of the true extension of the self, and no person can achieve this degree of maturity if he is overcome by his own feelings of worthlessness. In keeping with the idea of the brotherhood of man, the therapist accepts and understands. In such a climate the individual may come to grow beyond the narrow self-concern of the egoist, and come to have true concern for others.

2. The reflection of feeling is sometimes considered to be the only task of the client-centered therapist. There is much more than this, although this in itself is by no means the simple task that it is often pictured. The extent to which one can reflect real feeling may be measured by the extent to which one can *feel* with the client as he talks. Repetition of the intellectual content of a statement is by no means reflection of feeling, although the student in training, to be a counselor, sometimes finds it difficult to separate the two.

In addition to reflecting what is felt rather than what is said, the counselor must aid the client clarify his jumbled thoughts. This means that he must be able to recognize what may often be a subtle ambivalance in the client's statements, and to hold it up so that it may be seen more clearly. If a clash of feeling cannot be recognized by the counselor, it is unlikely that he will be able to help the client to solve his difficulties.

The most difficult task, however, is one which measures both the skill and the personality of the counselor. The understanding of the client's frame of reference so that one can see him to some extent as he sees himself rather than viewing him from the counselor's own frame of reference is more than a skill to be learned in a few months. The dictatorial individual, whose own feelings are aggressive rather than acceptant, may verbally go along with the client, but it will be difficult for him to feel with the client. We cannot be diagnosing the client's ailments from our external frame of reference and at the same time to be the mirror for his own feelings so that he can see himself more accurately. If a diagnostic and critical frame of reference is a basic part of our personal make-up, it will probably be more difficult to follow along with the client's feelings than if we practice the Christian teaching of turning the other cheek and giving our shirt when someone takes our coat.

Psychology students sometimes become so diagnostically minded that they find it extremely difficult even to get close to the client's frame of reference. As service agents they are quite ineffective, even though their clinical diagnosis may be quite accurate. Teachers and clergymen are service personnel rather than diagnosticians, and it may be that they would enhance their service capacity by an attempt to reduce their diagnostic tendencies. Everyone can make a simple check of his own frame of reference as he listens to someone talking about his problems. Do we see certain implications in his statements? Do we categorize him into a certain type? Do we decide as he talks what his problem may be and what he should do about it? Do we feel impatient with his lack of clarity and his confusion over a simple

problem? Do we become a bit impatient to get our solution over to him so that he may take some action? Or, instead, do we give ourselves completely to striving to see the problem as he sees it, to feel as he feels, to move with him at his own pace, and so to come to establish a close relationship of empathic understanding?

3. Most therapists will probably agree that if a child has not had a relationship of love and understanding with his parents then at a later date a therapist may have to supply the understanding without the emotional involvement of the parent. We enter the theological arena, however, when we say that an individual has been relieved of his self-centeredness because he is now led by God, and need no longer bear the burden alone. If the increase in unselfish action and the decrease of selfishness is indicative of infiltration by God, then this infiltration is part of a therapeutic process. On the other hand, some may feel that the truly stable Christian is not one who has thrown his burdens onto the shoulders of God, but rather one who has gathered his strength so that he may accept his own responsibilities and carry his own load. Thousands of troubled individuals who have found themselves and thus found security through the process of therapy might not agree that they were now being led by God.

4. No client-centered therapist believes that he has to abandon all his own values in order to function effectively as a counselor. He does believe, however, that most of the values by which we live are man-made, that values differ sharply in different cultures, and that even in the same culture there is little agreement on the question of the exact values by which we should live. The more dogmatic the individual is in the belief that his values are the only values the more likely it is that he will see others only through his own rigid and unyielding frame of reference. It will be extremely difficult for such an individual, acting as a counselor, to feel with a client as he expresses ideas and thoughts that are completely counter to those of the counselor. The white Christian who *knows* that Christianity is the only belief as definitely as he *knows* that negroes are members of an inferior race will find it difficult to accept and to understand the non-Christian negro who is voicing his negative feelings towards the Caucasian race in general and white Christians in particular. The counselor may not be an oblong blur, but neither is he an individual, a Christian or otherwise, who is so overcome by the righteousness of his own cause that his sole mission in life is to convert others to his way of thinking.

5. The self does not exist as a total entity apart from others, but this cannot be taken as an indication that one is incapable of evaluating and determining the relationship of the self to others. There is a very definite dynamic relationship built up between the client-centered counselor and the client. The acceptance and permissiveness of the counselor should not be confused with passivity. The counselor does not help the client to understand the self and its relationship to others. He does not, however, help from *without* by diagnostic and directive means but rather from *within* by his capacity to understand and to feel with the client as he moves along through his

problems. This experience, unique in the lives of most of us, may be the most effective method of helping an individual to see the self as it really is, and to accept the relationship of the self to others. This acceptance of the self, and all its relationships, is basic if there is to be any possibility of re-learning to re-live. It is the empathic, rather than an emotional or intellectual relationship, that enables the client eventually to come to this acceptance.

6. The client soon comes to feel and to know that the therapist cares for him and that he has concern for his welfare. The feeling that one is understood, however, is not the same as the feeling that one is forgiven. The counselor who feels that it is within his power and within his province to either forgive or condemn an individual who has found a means of escape through such an experience as heavy drinking must automatically place himself above that individual. The fact that we see ourselves in a superior position means that it will be extremely difficult to understand and impossible to accept the client as he is. One may question the helpfulness of the counselor who believes that he has been elevated to the status of one who may condemn or forgive. We may also question him from the viewpoint of professional ethics, since surely no professional counselor believes that either condemning or forgiving are techniques that belong in the therapeutic process. We may question such a counselor further from the viewpoint of Christian ethics, since humility is more of a Christian trait than is condemnation. Such a counselor may even be one who feels that tolerance is the tolerating of one who is different.

Even if the counselor could forgive, what part does this process of forgiving play in the gaining of insight? The individual who gains true insight will have no need to feel that the counselor has forgiven him for his sins. Through the gaining of insight the alcoholic client will be able to accept his drinking and see it as a necessary part of his present makeup. He may then be able to change so that the drinking will no longer be necessary, or he may be able to come to accept his difficulties without running away. The counseling relationship will tell him that the counselor is one who feels and understands and accepts, and in that relationship there is no place for either forgiving or condemning. If the counselor never condemns, what is there *for him* to forgive?

7. The free will that may be considered as the goal of therapy is obviously not willfulness any more than freedom is licence. It is rather the freedom that comes to one who is relieved of pressures so that at last he can be honest about himself, at last be strong enough to see himself and accept himself for what he is. Such a person is truly free. He has achieved an inner peace so that he can look outward and broaden his horizons to include others. His concern for the self is replaced by a much greater concern for others. If this is surrender to God's will rather than free will, well and good.

8. While there is unanimous agreement that goals should not be chosen by the counselor, a certain amount of honest scepticism will greet the statement that goals should not be chosen by the client but

that they will be revealed to him by God. This, however, like "surrender to God's will" may be a matter of semantics more than anything else. It matters little if one feels that it is the process of revelation rather than the process of therapy that helps the individual to become aware of the choices that lie ahead, and makes him increasingly capable of making choices that are best for him and for his fellow man. The "revelation of God" however, implies the doing by someone else and the continued dependence on others rather than increasing confidence in one's own strength. It appears to de-emphasize self-determination as a goal of therapy, and puts the desired end-result into the realm of the mysterious and the unknown. It does sometimes happen, too, that a revelation may indicate nothing more than the client is off on another futile search for the rainbow's end. The "revelations" to many clients would be described by the clinician as hallucinations that are strictly man-made rather than being godly creations.

Therapy is for all, including those who call themselves the godless, as well as the majority of mankind who do not see Christ as Christians see him. Whether client-centered therapy can be considered as God-centered would seem to depend on one's concept of God and on one's understanding of what the process of therapy entails. If God is the stern parent, who punishes so that His children may see the light, then client-centered therapy cannot be considered as God-centered therapy. On the other hand, there are millions of happy people, Christians and non-Christians, who feel that they too know God, but One who is a much gentler, a much more loving, a much humbler, and a much more stable God. For people who feel that they have lived with such a God, the process of client-centered therapy is very much akin to the process by means of which we may come to live a more godly life.

BOOK REVIEWS

The Individual and His Religion—A Psychological Interpretation: Gordon W. Allport; Macmillan, New York, 1951. 147 pp. $2.50.

Those who know Gordon Allport, the man, will expect to find in this book an interpretation of religion marked by interior sympathy and understanding. Those who know Allport, the psychologist, will expect to find a strong emphasis on human individuality and on his concept of "the sentiment," which was developed so helpfully in his major book, *Personality*. Both of these expectations are fulfilled in this little volume, closely packed with substance and wisdom.

Though he stresses constantly the unique individuality of every man's religious life, his organizing interpretation of religion runs through the whole treatment. His central definition is given, very abstractly, in the following: "The mature religious sentiment" is "a disposition, built up through experience, to respond favorably, and in certain habitual ways, to conceptual objects and principles that the individual regards as of ultimate importance in his own life, and as having to do with what he regards as permanent and central in the nature of things." This is essentially in line with the definition offered in Paul Tillich's "Systematic Theology" when he says, "The object of theology is what concerns us ultimately."

The six chapters deal with the many threads of "desiring and valuing" which are woven into the unique pattern of the individual's religious sentiment; the development of religion in childhood and youth, including considerable fresh material on the religion of college students and war veterans; a central chapter on "the Religion of Maturity"; an excellent discussion of the relations between religion and psychiatry in their ministries to mental health; and concluding chapters on the nature of doubt and of faith.

Pastors will find particularly helpful Allport's analysis of the marks of the mature religious life, which correspond to the tests he suggests for maturity of personality, namely, a transcendence of bodily desires and of merely conventional values, the ability to be objective about one's own life, and a unifying philosophy of life. Much emphasis is given to what he calls "the heuristic character of the mature sentiment." By this he means its exploratory or "pilgrim" character as against the constant tendency to absolutize religious formulae and symbols and to identify them with God Himself.

The points at which I would add critical queries to this sincerely appreciative comment are chiefly three. While Allport is aware of the inescapable limitations of a psychological approach to religion, I hardly think he does full justice to the most serious danger, namely, the tendency to view God as instrumental to human needs, however lofty. While he recognizes the power of culture and especially the spirit of the family environment in childhood in shaping the individual's religious life, I think he minimizes too much the extent to which the individual's religious experience is determined by the social patterns of the religious culture within which his life is set. Perhaps here the individualism of American culture and more particularly of an academic environment is reflected. Finally, I would question the statement that "the consequences of violating conscience have traditionally been

called 'sin'." Is not "sin" rather the name which religion gives to the deep drives within us which separate us from the object of mature religious sentiment?

This would not be as good a book as it is if it did not raise such fundamental questions.

ANGUS DUN

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The Psychologist Looks At Sex and Marriage: Allan Fromme: Prentice-Hall Inc., New York, 1950. 242 pp. $2.95.

"A marriage is as well adjusted as the two personalities involved." So Fromme states the premise of this recent addition to the growing literature of practical marriage guides. The elaboration of this central theme, however, gives this book a special utility. Appropriately, the first chapter is a balanced discussion of "personal maturity", and it is from this general perspective of personality adjustment that the interrelationship of marriage and its general problems are posed: courtship, sexual adjustment, budgeting, in-law conflict, children, and extra-marital relations.

The text is particularly arranged for use as a practical guide; most of the relevant problems — engagement, divorce, etc. — are discussed extensively with practical advice based on the best contemporary psychological data, and there are concise paragraph summaries to facilitate use of the book in guidance. The author has been able to take a number of "folk" notions such as that of people being "made for one another" and discuss them in psychological terms. He has also been able to show certain psychological defense mechanisms interfering with the intimate everyday living that marriage involves. He indicates how they originate and operate and how difficulties can be resolved in some cases by increasing the insights of the couple — a job well suited to the parish minister. He is particularly perceptive on the development of different attitudes toward sex and marriage in adolescent boys and girls, and how to resolve the resultant mutual misunderstandings. Fromme is good on the everyday quality of the working relationship of man and wife.

The style of this book is much less lyrical than that of the earlier crop of sex and marriage books (of which Van de Velde is an outstanding example), and as such is more appropriate to his central theme. He tries specifically to avoid the picture of an ethereal ideal relationship achieved via the performance of certain "correct" procedures.

As in any systematic treatment, this book inevitably has its strength and weaknesses; the author cannot possibly be equally competent or interested in all areas. The discussion of the mature personality seems to continue beyond what the average reader wants to know about the mature personality. The section on children included to make the list of topics more inclusive, while initially relevant, tends ultimately to range far afield. One major omission would seem to be that of the conflict of the modern married woman who is required to be an intellectual and social companion, a permissive mother, a homemaker, a civic leader, and increasingly frequently the holder of a part-time job. This whole area has been dealt with most perfunctorily, and its slighting seems inconsistent with an impression of general sophistication such as is evidenced in the discussion of extra-marital relations.

JACQUELINE SUTTON

Sex Knowledge Inventory: Form X—Experimental Edition; Form Y.

Marriage Counselor's Manual: Gegolo McHugh; Family Life Publications, Inc., Durham, N. C., 1950. 64 pp. Manual $1.50; Form X introductory set $3.50; Form Y $2.25.

With the present emphasis on marriage counseling the pastoral counselor must search for any method or new insight which might improve his techniques. The interview with married clients and with those about to be married presents numerous problems to the counselor and to the clients, not the least of which is the prospect of a forthright discussion of sex. This Inventory and its accompanying manual may be welcomed as a systematic and "objective" attempt to discover by multiple choice questions just what the client knows about sex physiology and anatomy, what he considers are the physical causes of poor sexual adjustment, what he knows about birth control, sterilization, circumcision, menstruation, menopause, venereal disease, pregnancy and childbirth as they are related to sex life and sex function. It is the purpose of the Inventory to show where the individual needs help in understanding the "meaning" of sex and to free him from ignorance.

The author states that the Inventory is not supposed to predict one's ability to establish a satisfactory sexual relationship, nor to predict a couple's chances for "success" in their sex lives together. In this sense the Inventory cannot be regarded as a test at all, but an aid to the counselor in discovering his client's attitudes toward and knowledge of sex so that "wrong" answers may be discussed in interview. Nevertheless, it is assumed that a frank discussion of these matters will have dramatic results and in an accompanying flysheet it is pointed out that, "A national leader in the field of pastoral counseling calls this aid 'the most valuable tool that has been devised for marriage counseling.' He estimates that its proper use would easily cut the divorce rate in half." If this is so, the Inventory and its Manual should become a "must" in the counselor's kit.

Notwithstanding the hopes of our statistically oriented psychologists, the measurement of attitudes by multiple-choice questions and answers has been a disappointment and most clinicians agree that even the transparent anxieties, fears and conflicts are not evaluated, and frequently are not indicated, by the so-called "objective" questionnaire. This became abundantly clear during World War II when the Cornell Selectee Index was used as a screening and interviewing aid to spot the case with psychosomatic disorder. Dr. McHugh seems to recognize these hazards when he warns that the client's ability to say the right thing or give the "right" answer may not indicate sexual adjustment. On the other hand, he stresses that the person giving the "wrong" answer can be aided by instruction and correction. For therapists and counselors this may be the essence of things hoped for. Unfortunately, the factors which underlie an attitude or mental set, like the factors which underlie pathology, rarely rest on the surface, so one always runs the danger of treating symptoms rather than causes.

This is not to say that this Inventory and Manual cannot be very useful to the clinically trained interviewer, especially when he sees evidence that his client can profit, for instance, from a discussion of the mechanics of sex. But we would have some question about the wisdom of using the Inventory indiscriminately on those cases where the counselor has been unable to evaluate either the personality, the maladjustment, or the nature of the possible disturbance. Under those conditions

in which the therapist is skilled and the client is psychologically prepared, the Sex Knowledge Inventory and the Marriage Counselor's Manual can be invaluable. Within their own framework they do, in fact, satisfy a long felt need.

RALPH O. VAN WATERS

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The Helping Relationship: Paul Bicksler; Family and Children's Service, Lebanon, Pa., 1950. 50 pp. $.90. A supplement, ***Helping a Young Worried Woman with a Personal Problem.*** 13 pp. $.20.

In a series of five selected marriage counseling cases, the author, a social case-worker in a multi-function family agency, seeks to illustrate and define a type of counseling termed, *The Helping Relationship.* The case material itself occupies fifty-two of the sixty-four mimeographed pages. The author begins with an outline of his theory of counseling within a social agency setting, presents the counselor's reports of the cases handled and concludes with a section on "Broader Implications and Considerations." At the end there is a brief listing of suggestions for further reading.

This material is intended for any professional person involved in marriage-counseling, and is designed for use as a teaching tool. The cases make stimulating reading, raising many questions of theory and practice. Because the author presents actual cases and how they were handled, the reader senses an honest attempt to correlate theory and practice.

More issues are raised by this material than can possibly be answered in the space the author uses. The term "helping relationship" is conceived as a means whereby the client may move toward growth. It involves neither a "total agency-centered nor a total client-centered approach, but a combination of both." But the difficulty with this material is that it never defines what this "combination" means dynamically. At some points the material casts the counselor in a directive role: he is firm, he tests the client, he suggests, he gives advice. At other points the counselor functions as a listener, a sympathetic supporter, an object on whom projections may be thrown. The question remains: what dynamic principles are guiding the counselor as he shifts his role? Because these are never defined, one feels at a loss in discovering any integrated operational or theoretical definition of what "the helping relationship" actually is, and how one goes about creating it in counseling.

The author's therapeutic assumption is "that the source of helping power is within the client himself." And "the *helping relationship* makes possible a fluid kind of experience which in turn creates an atmosphere so that the client can begin to move toward new goals and objectives." But in the final analysis one feels a lack of real definition of what the role of the counselor is in the relationship with the client. Just what is it that the counselor provides to make the relationship "helping"? Unfortunately the case material itself is second hand, presented primarily from the perspective of the counselor. Perhaps if the author had limited himself to one case, reported verbatim, the concepts he was seeking to illustrate would have been clearer.

One of the outstanding contributions to the dynamics of marriage counseling found in this material is the understanding it shows of the dynamics of time structure. Bicksler uses a set series of interviews, and shows how such a structuring

can help the client move toward growth. For him, "in our experience it has been a way of helping people to come to grips with their problems and how they want to use the agency." Here one catches a glimpse of what is meant by the combination of the client-centered and agency-centered approach.

In the second case Bicksler shows how a social agency and a minister may cooperate. For the minister this section lacks real meaning: while the author speaks of excellent cooperation with the pastor on the basis of their respective roles, he never clearly defines what these are.

Throughout this material a major issue is raised, but again dealt with inadequately. That is, where does the dividing line come between therapy and counseling? Although he says, "in all forms of counseling there is or should be some therapeutic value," he never seems to accept counseling as therapy. Again one has the characteristic tone of this work to keep in mind: it does not seek to answer all questions, but to stimulate thought and action. Its weakness lies in its own admitted limitation.

There is some evidence of fruitful use of the joint interview, follow-up letters from the clients, and follow-up interviews two or three months after the conclusion of counseling. The place of sex in marriage difficulty is raised in the final pages. Manipulation of the environment comes up for consideration. The work as a whole is worthy of a study as a source of clues for helping people, and as a springboard for further investigation into the meaning of the counseling relationship.

EDWIN DE F. BENNETT

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Springs of Living Water: Carl J. Scherzer. Westminster Press, Philadelphia, 1951. 93 pp. $1.50.

This is the fourth in the Westminster Pastoral Aid Books series. The author has been chaplain of the Protestant Deaconess Hospital in Evansville, Indiana since 1944 and intends the volume "to supplement the pastoral call and encourage us to live closer to God and our church." The book deals with pertinent problems faced by those who are sick, and includes "Apprehension," "Anxiety," "Pain," "Loneliness," and the concerns of the patient "In the Hospital." The author seeks to encourage faith, hope, love, courage and patience in his patients by helping them realistically to see their problems for what they are, while at the same time being reminded of the great scriptural and religious truths which speak to their condition. These passages have been well selected, the prayers are very appropriate, and one gets a feeling that as a result of the brief and simple presentation many a sick individual will be helped by having this volume for meditation. It ought to provide positive assurance to many faced with the loneliness and fear of the sick-room.

ERNEST E. BRUDER

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Justice and the Law of Love: Konrad Braun; Contemporary Books, New York, 1951. 72 pp. $1.00.

The author, a refugee from the Nazis, became a Quaker in England in 1941. His treatment of the relationship between love and justice follows Brunner, Niebuhr *et al.* To suppose that love can by-pass justice in human society is perfectionism.

Justice in turn must sometimes have resort to force, which seems to negate love. The conundrum is solved by regarding justice, including the use of force in its service, as the necessary condition of and preparation for love. One would imagine that war, the appeal to force in the interests of justice on the international level, could be justified in the same way. But the author, as a Quaker, cannot admit this, and his efforts to support the obvious inconsistency constitute the book's chief claim to originality: the defence of pacifism on the basis of a realistic rather than a perfectionist ethics. The argument appears to rest on a legalistic and individualistic conception of justice which had earlier been repudiated: (a) there is no international tribunal which could determine whether a war was just; (b) war is aimed at a whole people rather than at individual wrong-doers. But justice in the moral sense is surely not determined by courts; and the responsibility for crime is clearly often corporate as well as individual.

D. R. G. OWEN

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The Order for the Ministration to the Sick (Prayer Book Studies III): The Church Pension Fund, 20 Exchange Place, New York, 1951. 39 pp. 50 cents.

This paper-covered booklet represents a study of the Standing Liturgical Commission of the Protestant Episcopal Church. It is aimed at both private and public worship for the ministration of the sick, and it provides for the apostolic ministry of the laying on of hands as well as the use of Holy Unction or anointing with oil. Special prayers are included in the study.

Seven orders are provided which may be used on consecutive days or individually. A Litany of Healing follows these Orders and may be used in several ways.

The Commission is to be commended for assembling this material and for presenting it in such a way as to permit maximum use. It would appear, however, that the editors were more sensitive to liturgical standards than to the pastoral needs of parishioners.

ROLLIN J. FAIRBANKS

OUR REVIEWERS

Angus Dun is Bishop of the Diocese of Washington of the Episcopal Church and one of the founders of the Institute of Pastoral Care . . . ***Jacqueline Sutton*** is a teaching assistant in the Department of Social Relations at Harvard . . . ***Ralph O. Van Waters*** is a Clinical Psychologist in Boston and a consultant for the Pastoral Counseling Center, Boston . . . ***Edwin De F. Bennett*** is the Assistant Minister at Trinity Church, Binghamton, New York . . . ***Ernest E. Bruder*** is our Editor-in-Chief and Protestant Chaplain at St. Elizabeth's Hospital, Washington . . . ***D. R. G. Owen*** is Professor of Ethics at Trinity College, Toronto . . . ***Rollin J. Fairbanks*** is an Associate Editor of the *Journal* (see "Notes and Comments").

NOTES AND COMMENTS

The Board of Governors of the Institute of Pastoral Care, Boston, has reluctantly accepted the resignation of the Rev. Rollin J. Fairbanks as Field Secretary, effective December 31, 1951. Mr. Fairbanks organized the Institute of Pastoral Care in 1944, and for six years served as Executive Director. He will continue to teach at the Episcopal Theological School and Harvard Divinity School in Cambridge, and to direct the Pastoral Training Center in Boston.

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Boston University dedicated a Pastoral Counseling Service at the School of Theology Building, 745 Commonwealth Ave., January 15, 1952. It is open to everyone, either by referral or not, and no fee is charged. The initial counseling staff consists of Paul E. Johnson (Chairman), James H. Burns, John D. Copp, and Robert C. Leslie.

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Dr. Villy Baunbaek of the Roskilde Foundation, Denmark (see his article in the Fall, 1951, issue of the *Journal)* reports that an "Executive Committee of Danish Doctors and Clergy" is being formed to coordinate the work of the separate "cooperating committees" which have been established throughout the country, and to represent them in foreign countries.

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Two new Episcopal Chaplains have been appointed for Boston City Hospital and Massachusetts General Hospital. Eugene E. Wood will serve the former and Richard Cory the latter.

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Malcolm B. Ballinger, Chaplain at the University Hospital, Ann Arbor, Michigan, sends a very interesting "Message from the Chaplain" to each patient admitted. The first page is a letter explaining his function and describing the Sunday Services in the hospital. The last three pages contain inspirational readings and prayers.

An excellent example of cooperation between physicians and clergymen is the Clergy - Physician Committee of the Massachusetts Heart Association, Paul Dudley White, M.D., Chairman. It recently mailed a letter to all Bay State ministers which included a helpful article entitled "If Your Parishioner Has Heart Disease."

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The American Sociological Society is offering a prize of a $1000 U. S. Government Bond to the individual or group contributing the best piece of research on the effects of radio or television or both on American society. The deadline for entry is June 15, 1952. Inquiries should be addressed to the Executive Officer of the A.S.S., New York University, New York 3, N. Y.

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We have received a copy of a relatively new little magazine which may interest some of our readers. It is called *Inventory: a Bi-Monthly Journal on Alcohol and Alcoholism.* It is published by the North Carolina Alcoholic Rehabilitation Program of the Department of Public Welfare, 429 Agriculture Building, Raleigh, N. C. It looks like a good vehicle for public education on this subject.

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Mental health reaches the comic strip! The New York State Department of Mental Health has sponsored at least one comic book which has crossed our desk. It features Chic Young's *Blondie* in various escapades with a mental health moral. On the back covers, a letter is printed from the Commissioner and the address where one can secure additional information is given.

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The Art of Ministering to the Sick by Cabot and Dicks has been reprinted by MacMillan.

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